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MEMOIR OF DUPUYTREN, LATE SURGEON OF THE HOTEL DIEU,
PARIS.

WE propose to take a view of the late Baron Dupuytren as a man of science, and give a brief sketch of his person and character. He was one of those individuals whose countenance always struck observers as emblematic of a mind whose exact character was not expressed in words. The contemplation of his features left a "je-ne-sçai-quoi" impression on the feelings even of the most acute physiognomists,—half pleasurable and half dissatisfied,—a sensation at once of admiration and dislike, for which it was found impossible to account. Dupuytren was a man of middle stature, brown complexion, and strong make. In his youth he must have been extremely handsome. Those who possessed the personal acquaintance of both, must have observed some resemblance between Dupuytren and the professor of anatomy in the University of Dublin. The striking magnificence of forehead, expressive of intelligence of the highest order, and the small dark piercing eye which distinguished the one, had their rival in the other,—that eye, oftenest twinkling with playful malice in the one, and in the other darting those stern annihilating glances which rendered the presence of the great surgeon of the *Hôtel Dieu* so imposing, and frequently so oppressive, to those who fell beneath his scrutiny. "His eye," says a French author, "was enough to terrify a Corsair."

Put it was to the peculiar expression of his mouth that the physiognomy of Dupuytren owed its characteristic cynicism and appearance of universal distrust. Viewing the upper part of his face, and particularly his broad fair forehead covered by a thin white *cheveleure*, the figure was that of a man imbued with feelings of benevolence and accustomed to exert the most untiring patience. But soon would the impression be destroyed by a sudden curl of the lip, an almost imperceptible compression of the mouth, a fastidious though polite shrug of the shoulders,—tokens of the mental storm within, which, with calm exterior, he was disdainful to show, refusing to let his fellows become witnesses of any one feeling that governed him. Without the appearance of avoiding society, though present at all the learned meetings of the French capital, at the Faculty, at the Court, at the reunions of private life, Dupuytren was, intellectually speaking, a perfect anchorite. Admired by all, the friend (perhaps) of a few distinguished men, there was not one who could say, "I know him." We have already hinted at a cause which, to many, explains the secret reason of the cynicism and distrust of his fellow-men that have thrown a shadow over the fairest days of Dupuytren's life.

That cause was sufficient to account for even still more remarkable effects ; but others attribute his constant ill-temper and *ennui* to a weakness which is common to a class of great men who are yet not sufficiently great to despise the malice of the envious. Dupuytren never forgot a kindness, and never forgave an injury. His ambition was fully equal to his talent, and under the coldest exterior he concealed a heart which was sensible to the slightest impressions. He felt conscious of the superiority which he so fully possessed ; and to justify his pretensions, he sacrificed all the pleasures and comforts of private life, and condemned himself, as we have heard him say, “ to lead the life of a dog.” “ Above all things avoid being an insignificant man ” (*ce qu'il faut craindre avant tout, c'est d'être un homme mediocre*), was one of his favorite maxims, and to escape the chance of a humiliating mediocrity he devoted every energy of his mind, succeeding to the utmost verge of his resolve, but not without most bitterly experiencing the stings of envy and calumny, nor without nourishing an implacable hatred against the authors of reports which a man of less susceptibility would have treated with deserved contempt.

The life of Dupuytren afforded various examples of the intensity of this dominant morbid feeling, and of the manner in which he avenged himself. How deep and ramified the root hypocrisy had taken in the vicious court of Charles the Tenth, is too notorious to need description. The royal favor there could only be obtained beneath the guise of professed religion. Every one had his confessor, and the worst sinners passed for the greatest saints. With this crowd Dupuytren was accused of mingling, in person and in object, and malice once went so far as to declare that he had dropped expressly from his pocket a little prayer-book within the precincts of the royal apartment. Innumerable epigrams sprang from the alleged incident, but, equally insignificant with the charge, they were soon buried in oblivion. The memory of the affront, however, never passed from the mind of Dupuytren, and years afterwards, on being accidentally called to attend the daughter of a countess, the supposed authoress of the story, he avenged himself by the infliction of treatment the most cruel and heartless on the mother at the death-bed of her daughter.

The dress which Dupuytren invariably wore was very peculiar. At the Institute or the Faculty, in town or at the court, in summer or in winter, he was always clothed in a little round-cut green body-coat, to which, when he visited the hospital, was added a small green cloth cap, of a cut altogether original. Those who have at any time followed his clinique at the *Hôtel Dieu*, will remember the slow, the almost jesuitic pace, with which he entered the amphitheatre, the brim of his green casquette turned from his forehead, the white apron in front, his right hand thrust into the bosom of his coat, and his left constantly applied to his mouth ; for no matter in what society he found himself, whether in public or in private, at the hospital or presiding at a concours of the Faculty, Dupuytren had a habit of constantly gnawing the nails of his left thumb and index finger, like one who suffers from some intense bodily or mental pain.

When seated in the professor's chair, he never addressed himself to

more than a fraction of the audience ; his back was turned upon at least three-fourths of the assembly, and he commenced with a low and indistinct muttering, which afforded little indication of the splendid, and on many occasions truly eloquent, discourse that was to follow. The most profound silence always reigned in the crowded class which filled the amphitheatre of the *Hôtel Dieu*, as though all were anxious to catch even the first word that dropped from his mouth ; and if, during the lecture, any one permitted himself to betray a symptom of *ennui*, one of his searching glances, with a motion of the lip expressive of the most ineffable contempt, covered the thoughtless culprit with shame and terror.

In the wards of the hospital, the originality of Dupuytren appeared even with more relief. On rare occasions he descended so far as to joke with a patient ; but towards the students, and even to his own dressers, he was cold, ironical, capricious, and tyrannical, to the last degree. Frequently did it happen, on questioning a patient for a few seconds, that if the answers were not given as clearly and precisely as the inquiries, he would punish the unfortunate *malade* by a shrug of his shoulders, and a departure without a moment's further attention to him. Not easily shall we forget the day when the mother of a child whose leg he was about to amputate, having forced her way into the amphitheatre, suddenly interrupted the operation ; the self command of Dupuytren left him, and forgetting what was due to humanity,—to a woman and a mother,—he turned out the agonized parent from the room, with a *coup de pied dans le derriere*.

Dupuytren never tolerated the slightest suggestion or contradiction affecting his measures or opinions, and, as we have remarked, his treatment of the pupils who were placed under him in the hospital was marked by the utmost austerity. The number of his dressers at the *Hôtel Dieu* amounted to twenty-six. At six of the clock every morning he called over the list, and no excuse for absence was admitted. More than once he has publicly degraded an *externe* who had disobeyed his orders, or showed some symptoms of insubordination, by tearing off his white apron and other such insignia ; and, on one occasion, it is said that he so far forgot himself as to strike the apothecary of the hospital, giving the offended pharmacist, however, the honor and “satisfaction” of a meeting next day in the *Bois de Boulonge* ; but the duel was, we believe, prevented by the police.

It is a matter of sad experience, that talent and integrity alone are rarely sufficient to raise a man to the high posts of honor in a large capital. The candidate must have protection, and a *savoir vivre*, without which he may struggle for years in obscurity. Dupuytren was fortunate in both respects. At a very early period of his life, places were offered to him in the hospitals of several large provincial towns, but he always took care to recommend to the post one of the young rivals whose fame or competition might at a future day become troublesome to him. Thus, of five or six competitors who originally opposed him, he succeeded in placing one at Clermont, one at Rouen, and one at Strasbourg, and he finally vanquished the remaining three—M. Roux, M. Marjolin, and M. Delpech, in the celebrated concours which took place for the chair of Operative Surgery, on the death of Sabatier, in 1812.

Dupuytren owed his appointment to the head surgeoncy of the *Hôtel Dieu*, where he has ruled, the absolute master, for the last sixteen years, to an accidental circumstance, which deserves to be recorded, both as an example and a warning to hole-and-corner surgeons in all quarters. Previous to the year 1817, Pelletan was surgeon-in-chief of the *Hôtel Dieu*. Dupuytren, who served under him as second, soon became an object of jealousy to the old professor. Distrust succeeded jealousy; then followed mystery, and, finally, a secret operation, by which Pelletan was completely ruined. In 1817 there was a patient in the female wards of the *Hôtel Dieu* who was affected with an enormous carcinomatous tumor of the upper arm. The disease extended to the parietes of the chest and to the neck. The bloodvessels were altered, and several other unfavorable complications existed. On a consultation, Pelletan advised an operation, but Dupuytren, in a forcible manner, pronounced various reasons against any attempt to remove the tumor. The patient was undecided. In this state of things, Pelletan was imprudent enough to shut himself up with a few favored pupils, and perform the operation in private, without having informed Dupuytren, or any other person who was absent, of his intention. The patient died almost immediately afterwards, and this event was followed by the retirement of Pelletan.

The reputation of Dupuytren as a first-rate surgeon was now fully established. His private practice became considerable, and in 1820 the assassination of the Duke De Berry introduced him to court, thus laying the foundation, if not of his professional reputation, at least of the immense fortune which he has left behind him. If report speak truly, the surgeon of the *Hôtel Dieu* on this occasion, for the first time, lost the *sang-froid* and presence of mind for which he was so remarkable, and committed two essential errors,—one as a practitioner, the other as a courtier. In the first place he sounded the wound of the Duke,—a penetrating wound of the chest! In the next he abstained from answering the King when his Majesty addressed to him some question in Latin. Little faith, perhaps, will be placed in the excellence, or even the existence, of the Latinity of Louis XVIII., for since the time of the scholarly James, the classics have fallen into disrepute at courts. However, here is the anecdote in detail, as told by a man of letters. Immediately after the accident, Louis, who loved his nephew tenderly, entered the sick chamber, surrounded by a crowd of princes and surgeons, burning with anxiety to know the probable issue of the injury, and at the same time anxious to avoid alarming the patient by an imprudent remark. The King turned to Dupuytren, whose appearance even then attracted his notice. Nothing would have been more simple than a whisper in the ear of the surgeon, conveying a request for his opinion. But so close an approximation of King and subject as that species of communication would require, was incompatible with the dignity of a royal personage, and so it was regarded by his Majesty, who relieved himself from the dilemma by reducing his question into Latin, presumed to be the language of physicians, and one with which the patient was known to be but slenderly acquainted. But the words fell dead from the royal lips. No answer was returned to them by Dupuytren, whether from indisposition to reply,

ignorance of the language, or confusion at the scene, and M. Dubois, who happened to be present, answered for him.

It was, however, rarely indeed that Dupuytren allowed himself to be surprised. If he was excelled in a few particulars by some surgeons,—if, for example, as we admit, M. Roux was quicker and more dexterous at an operation,—Dessault more brilliant as a professor,—Boyer more prudent and humane, and Marjolin more profound,—there was none who could compare with him for imperturbability of mind in the midst of accidents or untoward circumstances,—none whose eye was more certain, or whose hand was more firm. Like other surgeons, he has made mistakes. He has opened an aneurism for an abscess, and has cut for the stone when no calculus existed in the bladder; but such errors only gave to Dupuytren an opportunity of displaying his superiority. They never disconcerted him. Thus, upon one occasion, when extirpating a tumor from the neck, he accidentally opened a large vein, and the patient expired in an instant, from the admixture of air with the blood. Without being affected by an accident which would have disconcerted nineteen out of twenty practised men, he coolly turned to the class at once, to discuss the cause of death in an extemporaneous lecture which has seldom been surpassed or equalled for the excellence of its matter and arrangement.

It was, indeed, as a clinical professor that Dupuytren obtained the surpassing reputation which placed him at the head of European surgeons. He succeeded, at the *Hôtel Dieu*, the most eloquent lecturer that France ever produced, and in his new office not only sustained the character of the school at its full height, but raised the clinical instruction to a point which must be regarded as little short of perfection. The “*Leçons Orales*,” published under his direction, and from which so many lectures have been translated, convey, perfect as they are, but a feeble idea of the rich and well-selected materials which he has been for years submitting, without intermission, to the attention of the pupils of the hospital. Dupuytren was not what is usually called an orator. He seldom had recourse to literary embellishment, or borrowed from the works of others; but his elocution was simple and elegant. Weariness never stole over his audience during the lecture, from the assemblage of useless details, or superfluous repetitions. On the contrary, his discourse, which flowed from him with the ease and fluency of a perusal, was stored with facts selected from his own practice, and arranged with a clearness that showed how perfectly he understood and had studied every branch of the art.

As an operative surgeon he was successful, without being brilliant; indeed it is notorious that he failed much less frequently than his rival at *La Charité*, M. Roux, who, in spite of his wonderful dexterity, and excellent method of manœuvring with the knife, lost at least three patients for every two of Dupuytren. The cause of this difference is easily explained. Surgery is no longer what it was a century ago,—the art of lawfully cutting and hacking the human body. A more rational direction is given to the studies of those who commence their surgical career. These first apply themselves to medicine as the parent art, and regard surgery in its true acceptation, viz., as a branch of mediciné, in which

the occasional employment of instruments is demanded. How numerous are the diseases awarded to what is called "surgical practice" which not only are "internal," but are quite beyond the reach of instruments! Regarding surgery in this its true sense, we hesitate not to place the late Baron Dupuytren at the head of European surgery. He operated with great dexterity and with immovable *sang-froid*. But his chief qualities consisted in the perfect correctness of his diagnosis, and the admirable manner in which he managed the therapeutic treatment of his patients. In the great majority of all descriptions of cases, the great difficulty is to establish a correct diagnosis, for on that alone can treatment be correctly founded. The one is subjective to the other, and is a secondary branch of the art. In diagnosis Dupuytren was equalled by no surgeon of his time. A few questions, often put in the most careless tone, a single look, the application of the hand on the abdomen, were sufficient to reveal indications, which, assembled in his mind with almost inconceivable rapidity, afforded conclusions to the surgeon that seldom if ever were erroneous. Not that he was infallible; and it was a reproach that he did not evince that frankness of manner and readiness to acknowledge the commission of an error, which should distinguish all men, and especially surgeons. So far from exhibiting a willingness to admit the commission of a blunder, Dupuytren was not ashamed to resort to unblushing falsehood to conceal it. On one occasion, for instance, at the *Hôtel Dieu*, where the intestine had been opened during the operation for strangulated hernia, Dupuytren, when showing the piece to the class, forcibly thrust his finger through the incision, and dilated with eloquence on the curious way in which gangrenous inflammation sometimes *cuts through the intestine like a knife*, although the interne by his side (at the risk, as he himself said, of being kicked) now and then gave the professor a hint that he was mistaken, and that the opening which he demonstrated was not due to inflammation but to the bistoury. Traits of this kind were not unfrequent. The *amour-propre* of Dupuytren even pushed him to the publication of inaccuracies where he was certain of being detected. Thus in his "*Leçons Orales*," and long before them, in 1824, he boasted that the mortality of the *Hôtel Dieu* was reduced to 1 patient in 20, 1 in 19, or 1 in 18, as a mean term; but authentic documents, since published by the authority of the Council-general of hospitals, showed that at that very period the mortality amounted to 1 in 14.

As a writer his reputation is neither great nor extended. He was, in fact, so occupied by practical duties that he had not time to write. It was chiefly as a clinical professor that he shone; and during the twenty years that he gave instruction, the clinical school of the *Hôtel Dieu* has produced more brilliant surgeons, and disseminated more new and wholesome ideas on surgery, than any other establishment of the kind in Europe.

If Dupuytren, however, did not himself write, yet his ideas have been taken up and published by others, and it would not be a matter of difficulty to enumerate a number of excellent works, of memoirs which have covered their authors with renown, that were taken from the fertile source of his clinical instruction. The little which Dupuytren has furnished from his own pen, is to be found in the memoirs of the *Royal Academy*,

and in the Dictionary of Medicine. Amongst the most remarkable we may enumerate, *in anatomy*, Researches on the Spleen, on the Veins of Bones, on Fibrous and Erectile Tissue :—*in physiology*, on the Nerves of the Tongue, on the Motions of the Brain, on Absorption, and on the Influence of the Eighth Pair of Nerves :—*in pathological anatomy*, Memoirs on the Neck of the Long Bones, on False Membranes, on Amputation of the Lower Jaw-bone, on Ligature of certain Arteries, on Fracture of the Fibula, on Artificial Anus, on Diabetes Mellitus, on Congenital Luxation, and on Retraction of the Fingers. It is said that he has left an unpublished treatise “on the Diseases of the Glands.”

Besides these permanent “titles,” Dupuytren has modified a great number of operations, and is the author of several most useful instruments. For example, his *enterotome* is sufficient alone to have immortalized any reputation ; indeed we should be inclined to place his operation for artificial anus after that of lithotomy, and it is infinitely more successful. Thus, up to 1824, forty-one operations, the greater part of which had been rendered necessary by gangrene of strangulated hernia, were performed with the enterotome. Of these only three were unsuccessful ; the remaining 38 patients were cured without any accident or risk. Since 1824, at least 100 operations of the same kind have been performed, and with similar results. Dupuytren also invented a double-bladed bistouri for the bilateral operation, a cataract needle, a compressor in cases of hemorrhage, a porte-ligature ; and, as we have mentioned, he has introduced excellent modifications of most of the great operations in surgery.

By his death the science has lost one of its most solid ornaments, and the school of medicine in Paris its most accomplished professor. The void which he has left is immense. Who can fill it ? Who can now succeed to that chair with eclat, which has been filled by Dessault, Pelletan, and Dupuytren ? That it will even be filled to the best advantage which circumstances admit, we have reason to disbelieve. Intrigue is at work, and there is cause to engender a fear amongst the profession in Paris, that the clinical instruction in the *Hôtel Dieu* will be intrusted to one of the worst clinical lecturers in that capital. M. Roux removed to the hospital on Monday, March 1st, and his place will be filled by Velpeau.—*Lancet*.

CASE OF SPECTRA OF THE RIGHT EYE—CATARACT AND ARTIFICIAL OR FALSE PUPIL OF THE LEFT EYE.

BY EDWARD J. DAVENPORT, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

REUBEN CURTIS, seventy-two years of age, farmer—Hanover, Mass. applied April 1835, with defective vision of the right eye. He states that the difficulty consists in the appearance of black specks “before his eyes.” He first began to notice them about three years since, and while engaged in reading ; and it is seldom that they appear except when applying his eyes upon small objects, as in reading and writing.

At first they continually increased in density and number, but afterwards they diminished. They had the appearance, at the commencement of the attack, of small black motes, round and resembling the head of a fly; and they varied in size from time to time, being sometimes no larger than the head of a pin, and at others apparently of the size of a pea.

Of late these spectra have assumed the appearance of luminous and very brilliant objects (thus approaching to photopsia or lucid spectra), of a reddish or purplish hue. The patient describes them as being very beautiful; and as occurring when his eyes are directed towards luminous objects, as the fire; and also not unfrequently in the night, and when his eyes are closed. All these spectra, Mr. C. feels confident are stationary—a very unfavorable symptom in the opinion of some eminent writers upon this subject.

As regards his present power of vision, Mr. C. is able to read, with the aid of convex glasses of a high magnifying power*, small print with considerable facility, but he complains that the letters appear to be smaller and finer than natural (which may be owing to his glasses not being sufficiently convex for the state of his eyes); and what is of more consequence in a diagnostic point of view—that after reading a short time, he finds a “blur over his eyes” and the letters become indistinct. His vision, however, enables him to pursue without much difficulty his usual avocations.

The pupil of the diseased eye (I say of the eye affected with spectra, because, as will be directly mentioned, the vision of the opposite eye is much impaired from an accident) is preternaturally contracted and possesses little motion. The deep-seated humors are somewhat opaque. The iris is of a dark hazel color. The cornea are flattened, but clear and transparent, and without a trace of the marginal opacity peculiar to persons of advanced age, known under the name of *arcus senilis*. The eyeballs are deeply set in the head. In reading, Mr. C. prefers a strong light, and requires to have objects viewed strongly illuminated.

He has experienced no pain either in the eye or neighboring parts. His health is good; and his habits are temperate, except in the use of tobacco, in which he indulges to excess.

The vision of the left eye, I have said, was impaired by an injury received from the knotted end of a whip-cord striking with violence upon the eye, probably upon the cornea.

This injury occurred fifteen or twenty years ago, and was followed by severe inflammation and immediate loss of vision; so that he despaired of ever seeing again with this eye, but within a few years a spontaneous improvement in vision has taken place. Upon examination of the eye, the natural pupil was found to be elliptical and irregular, considerably dilated, and having its motions much restricted, (perhaps by adhesions of the uvea to the capsule of the lens), but it is *not* insensible to the stimulus of the light.

* In Mr. Curtis's eyes we have an instance in which convex glasses are necessary to enable a person to see distant as well as near objects, as is generally the case after operations for cataract. With reference to this state of the optic apparatus, Mackenzie says, Ch. XVIII. Sec. 11, “Although the eye, after middle life, loses the power of distinguishing near objects with correctness, it generally retains the sight of those that are distant. Instances, however, are not wanting of persons of advanced age requiring the aid of convex glasses to enable them to see distant as well as near objects.”

The capsule is perfectly opaque, and has the appearance of blotting paper which has been immersed in water ; the lens also being opaque, presents an instance of capsulo-lenticular cataract. But the most remarkable circumstance, and that which explains the spontaneous improvement of vision, is the occurrence of an artificial pupil, produced, no doubt, by the same accident that occasioned the cataract.

This *false* or *artificial* pupil is at the lower and external edge of the iris, and was caused by a separation of the circumference of the iris from the choroid, where it adheres to the ciliary ligament. And it was from observing an accident precisely of this kind, that the celebrated surgeon Scarpa was led to adopt the mode of forming an artificial pupil by separating with a cataract needle the outer edge of the iris from the choroid coat. This mode has been called the operation for *artificial pupil by separation*. Through this oval fissure or false pupil, which is larger than the natural pupil, appears a portion of the lower margin of the opaque lens ; and here the lens has evidently been diminished in size from absorption, leaving a transparent opening between its margin and the ciliary ligament, through which the rays of light find a passage to the eye, and thus enable him to distinguish objects with considerable distinctness.

It may be well to observe, however, that in looking straight forward with this eye he has but an inconsiderable degree of vision, but objects are most distinctly seen in looking obliquely upwards.

In connection with the diseased state of the right eye, it becomes interesting to inquire in what manner, and with what chance of success, an operation could be performed upon the left eye for the removal of the cataract. The operation by *depression* or *displacement* is, for obvious reasons, objectionable in this case : the flatness of the cornea, together with the small size of the anterior chamber and the depth of the eye in the socket, would present serious but by no means insuperable obstacles to the operation by *extraction*, the incision through the cornea being made upwards : the operation by *dissolution* would involve less hazard, and should the lens prove to be hard, which from the age of the patient, and from some other circumstances, as the color, &c. is not improbable, then the cataract being pressed forward and kept in contact with the cornea by means of the cataract needle introduced through the sclerotic, the operator should immediately proceed to extract through a section of the cornea. It would appear in the above case that absorption of the body of the lens had taken place to a certain extent. Whether it is a common occurrence in adults, for absorption of the lens to take place, and to what extent, the integrity of the capsule remaining unimpaired, are points of inquiry upon which information is respectfully requested.

For the disease of the right eye, the patient was recommended to take blue pill, to be followed with infusion of senna ; to blister the nape of the neck ; to adopt a diet of vegetable and farinaceous food chiefly ; to avoid stimulants of all kinds, and particularly to refrain from exercising his eyes upon small objects.

Boston, April, 1835.

MASSACHUSETTS GENERAL HOSPITAL.—SURGICAL REPORT.

POPLITEAL ANEURISM CURED BY TYING THE FEMORAL ARTERY.

[Communicated for the Boston Medical and Surgical Journal.]

PETER BRAINARD, æt. 28, mariner, East Cambridge, Dec. 11, 1834. About three weeks since, patient, while at sea, perceived pain and swelling about outer hamstring, but was able to keep about for a week, when the pain became so severe that he was obliged to give up work. Says that previous to this trouble, he made great exertions with the rest of the crew to save the vessel during a storm. He has been attended by Dr. Hooker, who reports that pulsation has been evident in the tumor, which was the size of a hen's egg. He has had constant pain in the part affected, preventing sleep at night. Has taken purgatives within a week. Had gonorrhœa five months since, which has never been entirely cured. Has taken spirit freely.

At the present time the knee is swollen to more than double its natural size. No pulsation evident in the ham; the swelling extends several inches above the knee; bowels open with medicine. Pulse 140; tongue furred. Ten leeches to the knee—afterwards fomentations of bitter herbs.

R. Pulv. Ipecac. 3j.
Hyd. Subm. gr. vj. M.

Diet—Liquid, farinaceous.

12.—Reports more comfortable; slept more in the night than for a long time previous. Knee continues much swollen. Vomited a little; three dejections; pulse 130.

13.—Swelling of the knee much diminished. Says chief pain is in the lower part of the calf of the leg and in the malleoli. Two dejections; pulse 120. Tongue nearly clean. Eight leeches to knee. Continue fomentations.

15.—Was kept awake by pain in the lower part of the leg last night; now more comfortable. A distinct tumor is perceived in the outer part of the ham, which diminishes in size upon compression of the femoral artery. Tongue well; pulse 100. Diet—Milk, rice, or rye hastypudding. Six leeches to the knee.

17.—The knee reduced in size; very little pain; the tumor in the ham more distinct; pulsation very evident; feels very well.

19.—No pain, except about the malleoli; sleeps well; is allowed bread and butter.

23.—Limb reduced nearly to the natural size. Omit fomentations.

27.—*Operation, by Dr. Hayward, at 12 o'clock, M.*—The limb being placed in a suitable position, an incision four inches in length was made through the integuments, in the direction of the fibres of the sartorius muscle, commencing at a point one-third distant from the upper extremity of the thigh. This was continued until the internal edge of the sartorius was exposed. Upon raising the muscle, the sheath of the artery was brought into view: this having been opened for the distance of about an inch, with a scalpel and director, an aneurism needle, armed with a ligature,

was passed under the artery, and the ligature tightened. The pulsation immediately ceased in the tumor, and the foot and leg became cold. A superficial artery was wounded during the operation, but did not require a ligature. The edges of the wound were then brought into contact, and retained so by adhesive straps. Flannel was applied to the leg and foot.

3, P. M.—Foot and leg of nearly the natural temperature. Severe pain in the upper part of the thigh, extending through the groin and into the abdomen.

R. Tr. Op. gtt. xxx.

28.—No pain in the thigh and groin ; much pain in the head ; generally uncomfortable. Skin hot and dry ; tongue dry, coated at the back part. Pulse 130, full and hard. No dejection. Venesection, ad 3 viij.

R. Sol. Mag. Sulph. 3 iij.

If hot, P. M. the following :

**R. Liq. Ammon. Acet. 3 j.
Sp. AEth. Nit. 3 j. M.**

3j. every two hours. Diet—liquid, farinaceous ; balm tea for drink.

29.—No pain ; an uncomfortable sensation about the head. Pulse 130, quite hard. Tongue moist. Venesection ad 3 xij. Afterwards pulv. ipec. et. op. gr. x.

30.—Reports better ; the skin more moist ; tongue moist ; pulse 100, less hard and full. Some pain in the head this morning ; none now ; two dejections.

31.—Took an opiate last evening ; slept well ; the wound dressed, and the edges nearly united. No pain ; bowels open ; pulse 108.

Jan. 1st.—Improving. Pulse more natural ; tongue slightly coated.

5.—Doing well. Omit mixture.

7.—Wound healing ; appetite good. Diet—bread and milk.

12.—Ligature came away.

16.—Doing well ; tumor in the ham nearly disappeared ; bowels regular. Wound open a little at the upper part. Discharged well.

Boston, April, 1835.

EFFECTS OF MASTURBATION ON VISION.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Having read with much interest the remarks of your esteemed correspondent Dr. W. on the effects of Masturbation upon the health and the integrity of the mental faculties, I beg leave to request any information his extensive opportunities for observation and practical knowledge may have afforded him, of the effects of that habit upon the organs of vision, and especially upon the nervous apparatus of the eye.

I make this request with a considerable degree of reluctance, being sensible that Dr. W.'s time must be fully occupied with affairs of much public and private importance.

Yours truly,

D.

Boston, April, 1835.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 21, 1835.

SMALLPOX AND VARIOLOID.

It is by no means customary, as our readers are well aware, to copy into this Journal, which professes to record well-established facts, anonymous articles from other publications. We have reprinted, however, from the Connecticut Courier, the following paper signed by a physician, because it contains important observations on the subject of smallpox and varioloid. Our own personal experience justifies us in saying that the assertions of the author are strictly true, and therefore worth preservation in the medical library. We regret, extremely, that the writer, who shows himself to be a careful observer of the character of diseases, does not communicate his lucubrations to the medical periodicals, where they would be sure of meeting the eyes of those who would be most profited by them.

"Contagious diseases, from what causes we know not, spread much more readily at one time than they do at another. This has been the case with the smallpox during the last winter. It has been very prevalent in New York, and it has been communicated, for the most part from this point, to different parts of New England.

The varioloid is a *modified* smallpox, appearing, as facts have demonstrated, *equally* in those who have had the regular smallpox, and in those who have had the vaccine disease. Of course there do not so many of the former have the varioloid, as of the latter, because in every community there is a vastly greater number of those who have been vaccinated, than of those who have had the smallpox. Both classes of individuals being equally liable, the greater class will have the greater number attacked. The varioloid differs from smallpox, not in *nature* but in *degree*. While therefore the smallpox will give the varioloid to those who have been vaccinated, those who have never been vaccinated will take the smallpox from the varioloid. The smallpox has a regular course, which is finished in a certain number of days. The varioloid, on the contrary, though it appears when it first breaks out, like the smallpox, never comes to the same degree of maturity, but has a short course, the length of which depends upon the extent to which the system is protected by vaccination. We occasionally have a case in which the protective power of the cowpock is so far lost, that the varioloid vies in severity with the smallpox itself, though commonly it is a very mild and short disease.

In estimating the value of vaccination, it is very important to keep in view this fact—that the vaccinated are by no means as liable to take the varioloid, as the *unvaccinated* are to take the smallpox. Whenever a case of smallpox occurs, a great many of those who have been vaccinated are ordinarily exposed, yet very few, perhaps even none of them, are attacked with the varioloid. But the same degree of exposure, in the same number of unvaccinated persons, would be followed by many cases of the smallpox. A man in Preston, Conn. who had the varioloid, went into a shop where there were several individuals, all of whom but one had been

vaccinated. That one took the smallpox, but none of the rest took the varioloid.

Vaccination, when done immediately after exposure to the smallpox, is a perfect preventive, as has been satisfactorily proved. The reason is obvious. The smallpox does not make its appearance till a fortnight after exposure, while the cowpock acquires its full influence on the system several days before this period has elapsed. When vaccination is delayed six or more days after exposure to the smallpox, the protection is not complete—the smallpox is modified to a greater or less degree, according to the progress of the cowpock, and takes therefore the form of the varioloid. Two infants were attacked with smallpox, before the cowpock had arrived at that stage which is attended with constitutional symptoms. The pocks were in these instances very few in number, and ran through their course rapidly, affecting the patient no more than chicken-pox ordinarily does.

How far can we place reliance on the protective influence of vaccination? It appears clear, from the facts which have come under the writer's notice, as well as from the whole history of vaccination, that those who are vaccinated are far less liable to take the smallpox than those who are not vaccinated, and that when they do take it they have it in a mild form, stripped of its danger and its loathsomeness. We may remark here that we have good reason to think that complete protection may be obtained by re-vaccination."

THE SPRINGFIELD SOMNAMBULIST AGAIN.

It is stated in a Springfield paper that Miss Jane C. Rider, the subject of the extraordinary paroxysms of somnambulism, an account of which appeared in this Journal some time since, has had a recurrence of similar paroxysms.

It has been suggested, and we heartily approve of the suggestion, that with the permission of her friends and medical attendant, Miss Rider should be placed in this city or vicinity, so as to test more perfectly the reality and extent of those phenomena, the relation of which excited the astonishment of some, and the incredulity of others. As animal magnetism seems of late to have called forth the attention as well of the scientific as of the curious, it might be well to ascertain the analogy or connection, if any, between these obscure states of the nervous (mental) and physical systems.

An Action for Libel.—A trial has been had in the Supreme Court of the city of New York, of some considerable interest—Dr. Isaac F. Merkle *versus* Dr. Marinus Willet—growing out of a misunderstanding between those gentlemen, in relation to the medical treatment of a patient. After a thorough examination, in which several physicians were called upon for opinions, the jury found a verdict for the defendant. An appeal, however, has been made from the decision, and a new trial will probably take place. The editors of the U. S. Journal remark—"We know neither of the parties concerned, but we should be glad to see an example or two made, by a jury of our country, of some of those talking doctors, who look for *nothing else to do*, and who, unfortunately for the character of the profession, exist among us."

Epidemic at Dedham.—Since the publication of our last weekly number, we have been informed that an epidemic disease of an alarming character has appeared among the operatives in the woollen factory at Dedham. The most prominent symptoms that have as yet presented themselves in the cases of the sickness alluded to, render it almost certain that the disease is typhous fever. The only case which has thus far terminated fatally, has been submitted to a post-mortem examination ; and the result of the autopsy disclosed indubitable evidence of extensive disease pervading in a greater or less degree the mucous membrane throughout the alimentary canal.

Dental Charges.—A case was decided on Wednesday last, in the Court of Common Pleas, in this city, against a dentist, who claimed what was considered an exorbitant price for a simple operation. Although we made arrangements for obtaining the facts, together with the testimony of several distinguished dentists who were called upon, by some untoward mishap the reporter's minutes have not been prepared. It would be extremely unjust, therefore, to attempt a history of the transaction, without knowing precisely the story of each party—both being gentlemen of the highest worth and respectability in the community.

Washington Medical College.—Ten young gentlemen received the degree of doctor in Medicine at this School on the 19th of March. Several appointments, it is said, of professors, will be made there, in the course of next month.

Remedy for Ringworm.—An English physician recommends, as an effectual remedy for ringworm, a lotion composed of the “liver of sulphur” of the shops, and water, in the proportion of half a drachm or more of the former to one ounce of the latter. This is to be applied twice or thrice a day, the diseased parts, previous to each application, being well washed with soap and warm water. “Gas water” is said to be frequently and successfully employed for the same purpose.

Hiccough.—What would be a remedy for an obstinate hiccough, which comes on nearly every day, and lasting ten, twelve, and sometimes twenty-four hours ?—A correspondent has a colored man under his care, who suffers severely in this way ; but he has thus far afforded the patient only temporary relief by the administration of emetics, all other medicines being wholly useless. Communications upon the subject, would greatly oblige the gentleman who solicits the information.

Wearing Flannels.—As the genial sunshine of spring advances, those accustomed to wearing flannel under-garments are too much disposed to lay them suddenly aside. This is an error of great magnitude. Keep them on till the east wind is no longer elaborated ; till the flowers are blooming in the fields, and a uniform atmospheric temperature is established. A multitude, annually, are hurried to an early grave, in the very meridian of life, in consequence of not understanding, or by neglecting, this simple though important advice.

India Rubber Ear-trumpet.—Among the countless number of ingenious contrivances growing out of the successful manufacture of India rubber, is an ear-trumpet, which promises to be a really useful instrument for the partially deaf. The flexibility of the tube is advantageous, from the circumstance that the apparatus may be carried very conveniently in a small side pocket.

Operation of Lithotomy in Infants.—At a late meeting of the Society of Practical Medicine, M. Guersent gave an account of three operations for the stone, which he had just performed upon children. The first, an infant three years of age, had a small calculus at the extremity of the urethra; this was removed by a very small incision. The second, seven years and a half of age, presented for the last few months all the rational symptoms of the stone, which was moreover recognized by the sound; the stone seemed large. M. Guersent performed the bilateral operation; but this did not give sufficient room; he then changed the operation to the quadrilateral, and extracted a calculus fifteen lines in its largest, and twelve in its smallest diameter; the thickness eight lines; the child did well for three days, but died of peritonitis on the fifth. The third patient, eleven years of age, was operated on by the bilateral method; the stone in this case was encysted, and the operator was forced to remove some of the mucous membrane of the bladder with it; the little patient, however, got rapidly well.—*Gaz. des Hop.*

Petechiaæ are frequent in epidemic fevers. It is perhaps worth remarking that this eruption is not visible on negroes; at least I never could discern them in the case of any individuals of that race whom I have seen affected with fever in Africa, or elsewhere. The same thing is stated by Stendal. A writer in an old periodical speaks of a case in which the eruption was so rife as to be seen through the nails of the patient. They were very common in the Irish epidemic of 1817.

M-Cormac on *Continued Fever.*

Application of the Dynamometer and Pulley to the Treatment of Luxation.—Dr. Sedillot, in a memoir recently presented to the Academy of Medicine of Paris and published in the *Gazette Médicale* of 23d of August last, recommends the employment of the dynamometer and pulleys in the treatment of fractures. The use of the former instrument permits the surgeon to ascertain with mathematical precision the extending power he employs, whether resulting from the efforts of assistants or the action of pulleys, and the force being thus submitted to calculation, the pulleys, he thinks, may be advantageously substituted for manual assistance; the former allowing of a more equal, graduated, or permanent extension, without the oscillations and jerks which occur when manual assistance is used.

American Journal of the Medical Sciences.

Extirpation of the Parotid Gland.—By Dr. M. Eulenberg, of Wriezen on the Oder.—The subject of this case was a female, aged 29, who was affected with a scirrhus of the left parotid gland. When the whole circumference of the tumor had been detached, it was found that a small process, about the size of a hazelnut, extended so profoundly between the

deep-seated parts, that it could not conveniently be dissected, until the principal part of the tumor was detached. This was accordingly done in order to make room, when a hook was fixed in the small lobe in question, and it was in like manner removed without much difficulty. The operation was performed on the 7th of April, and on the 11th of May the wound had completely healed, merely leaving the paralysis of the face, which was the necessary consequence of the division of the facial nerve.

Rust's Mag. für die gesammte Heilkunde.—*N. American Archives.*

Extensive Ossification of the Spleen.—By Dr. Julius Schmidt.—The subject of this case was an old drunkard, who died suddenly. The coats of the stomach were found very much thickened, and in attempting to detach numerous adhesions which the spleen had formed with the surrounding parts, its substance, which was preternaturally soft, was broken up by the hand. In the midst of it was found a bony mass, amounting to half the size of the organ.—*Hufeland's Journ.*—*Ibid.*

Purulent Matter found in the Centre of a Fibrinous Concretion.—M. Bri- cheteau presented a heart affected with aneurism, in the right auricle of which there was a fibrinous tumor as large as an ordinary nut, containing in its centre, consistent purulent matter. The fibrine was disposed in concentric laminæ, similar to the arrangement that is observed in aneu- risms of long standing.—*Revue Medicale.*—*Ibid.*

Whole number of deaths in Boston for the week ending April 19, 19.
Of cancer, 2—croup, 1—consumption, 3—dysentery, 1—dropsy on the brain, 1—disease of the brain, 1—inflammation on the lungs, 1—intemperance, 1—lung fever, 3—throat distemper, 1—sudden, 2—worms, 1—unknown, 1. Stillborn, 2.

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Boston, February 4, 1835.

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VACCINE VIRUS.

PHYSICIANS in any part of the United States may hereafter be furnished with pure vaccine virus, by addressing the editor of the Boston Medical and Surgical Journal—*inclosing one dollar.* Letters must be post-paid, or they will not be taken from the Post Office. The virus will invariably be sent by the first mail, unless some other mode of conveyance is directed. Ten charged quills, an ample quantity for meeting any sudden emergency, and certainly sufficient to propagate a supply from, will be securely packed in a letter. The gentleman who has undertaken to keep the virus, will faithfully supply that which is positively genuine and recently taken.

Boston, March 4, 1834.

MODELS OF THE EYE AND EAR.

BROWN & PEIRCE, 87 Washington Street, up stairs, manufacture beautiful models of the human Eye and Ear, for the use of students in anatomy and operating surgeons. The eye, particularly, is considered exceedingly useful, as the anatomy, and the philosophy of vision, are plainly demonstrated. The internal ear is magnified two feet in length, from the meatus internus to the external ear, giving a diameter of four inches to the semicircular canals. These models are the invention of Dr. J. V. C. SMITH, formerly Professor of Anatomy at the Berkshire Medical Institution. Jan 21—tf

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